2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002414

FILED
01 MAY -3 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000032666 SP

1. Entity Name
DHJ PIER SAN JOSE, LLC

Principal Place of Business
~~1504 #8 MAIN STREET~~
~~GARDNERVILLE NV 89410-5273~~

Mailing Address
~~1504 #8 MAIN STREET~~
~~GARDNERVILLE NV 89410-5273~~

2. Principal Place of Business
c/o A&C VENTURES, PMB 113
Suite, Apt. #, etc.
3915 S. CARSON ST.
City & State
CARSON CITY, NV
Zip
89701-5528
Country

3. Mailing Address
c/o A&C VENTURES, PMB 113
Suite, Apt. #, etc.
3915 S. CARSON ST.
City & State
CARSON CITY, NV
Zip
89701-5528
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2077726 ~~APPLIED FOR~~ — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILE NOW!!! FEE IS $50.00~~
Make Check Payable to Department of State

100004323611--5
~~05/25/01--01065--024~~
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

10. ADDITIONS/CHANGES

TITLE	MANAGER	☐ Change ☑ Addition
NAME	DAVID R. GRIEVE	
STREET ADDRESS	c/o A&C VENTURES PMB 113, 3915 S.	
CITY-ST-ZIP	CARSON ST. CARSON CITY, NV 89701	
TITLE	MANAGING MEMBER	☐ Change ☑ Addition
NAME	DHJ NEVADA, LLC	
STREET ADDRESS	c/o A&C VENTURES, PMB 113, 3915 S.	
CITY-ST-ZIP	CARSON ST., CARSON CITY, NV 89701	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the *limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.*

SIGNATURE: [signature] 4/30/01 415-788-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #